PATENT APPLICATION SERIAL NO. 10/583/39

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

07/03/2006 LLANDGRA 00000004 10583439

01 FC:1631 300.00 0P 02 FC:1633 200.00 0P 03 FC:1632 500.00 0P 04/30/2007 SAHMED1 00000005 10583439

date: 04/30/2007 SAHME##0.00 OP 07/03/2006 LLANDGRA 00000004 10583439 -500.00 OP

Repln. Ref: 04/30/2007 SAHMED1 0011000800 DAH:032412 Name/Number:10583439 FC: 9204 \$100.00 CR

PTO-1556 (5/87)

"U.S. Government Printing Offices: 2002 - 469-267/60031

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

100/583439

											V	
CLAIMS AS FILED - PART I								SMALL ENT	TTY	OR	OTHER SMALL E	
LLC MATIONAL CTACE FEED			(Colum	(Column 1)		Column 2)	7		 	3		1
U.S. NATIONAL STAGE FEES			-				1	RATE	FEE	ļ · ˈ	RATE	FEE
BASIC FEE			ļ				11	BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE								EXAM. FEE			EXAM. FEE	200
SEARCH FEE			<u> </u>					SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			8 minus 20 = *		*			X \$ 25 =		OŘ	X \$ 50 =	
INDEPENDENT CLAIMS			l i n	ninus 3 =	*			X \$ 100 =		OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRE			SENT					+ \$ 180 =		OR	+ \$ 360 =	
* If	the difference	in column 1 is	ess than zero, enter "0" in			lumn 2		TOTAL		OR	TOTAL	9∞
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL EI	NTITY	OR	OTHER I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
						1		TOTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF	
		(Column 1)		(Colun	nn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FFF OR TOTAL ADDIT. FFF												
* **	If the "Highest Nu	umn 1 is less than the	id For" IN THIS S	SPACE is less	than '20)', enter "20".						
	The "Highest Nur	umber Previously Pai mber Previously Paid	id For" (Total or In	dependent) is	than '3', the high	, enter "3". nest number found	in the	appropriate box	in column 1	I.		